



# **Mamawetan Churchill River Health Region**

## **Annual Report 2013-2014**



***Together in Wellness***

[www.mcrhealth.ca](http://www.mcrhealth.ca)



2013 Population: 24,210



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## Letter of Transmittal

### **Mamawetan Churchill River Health Region**

*Working together in wellness to promote, enhance and maintain quality of life.*



To the Honourable Dustin Duncan  
Minister of Health

Dear Minister Duncan:

Box 6000  
La Ronge, SK  
S0J 1L0

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2013-14 annual report.

Phone: 306-425-2422  
Fax: 306-425-5432

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2014.

Respectfully submitted,

Ron Woytowich, Chairperson  
Mamawetan Churchill River Regional Health Authority

[www.mcrhealth.ca](http://www.mcrhealth.ca)





## Introduction

This annual report presents the Mamawetan Churchill River Regional Health Authority's activities and results for the fiscal year ending March 31, 2014. It reports on public commitments made and other key accomplishments of the regional health authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2013-14 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.

The organization acknowledges responsibility for the preparation of this report. It has confidence in the reliability of the financial statements, as they have been audited by an independent third party and reviewed by the Provincial Auditor.

Data tables related to sick time usage, wage-driven premium hours and workers' compensation claims have been provided by the Mamawetan Churchill River Regional Health Authority's administrative services and the Ministry of Health. Some of the data used for breakthrough initiatives is for improvement purposes during the project work.

Key areas have been selected for reporting based on the strategic plan and priorities determined by the Regional Health Authority Board. The interpretation embedded in the reporting reflects the best judgement of the organization's leaders.

## Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Regional Health Authority works collaboratively with the Ministry of Health and with other partners to support the approximately 24,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the regional health authority is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.



**Putting Patients First**  
Transforming Health Care through Lean

### Our Mission

Working together in wellness to promote, enhance, and maintain quality of life.

### Our Vision

External: Vibrant and diverse communities, rich in northern heritage, tradition, and culture.

Internal: A safe, respectful environment of teamwork, learning, and continuous quality improvement, representative of the communities we serve.

### Our Values

Wholistic Approach |  
Equity | Accountability | Competence |  
Trust | Team Approach

### Goals

Better Health

Better Care

Better Teams

Better Value

### 2014-2015 Project: Primary Care Re-design

- Working towards a "pod" system of care in the primary care clinic in La Ronge.
- Introducing case managers who work with a multidisciplinary team to deliver enhanced comprehensive primary health care.
- Reduction of wait times from 3 to 4 weeks, to seeing the team of your choice on the day of your choice.
- Reduction of chronic disease patient presentations at the emergency department.

### Principles

Client and Family Centred Care - Think and Act as One System - Continuous Improvement - Culture of Safety

**SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM**



The Mamawetan Churchill River Health Region continues to work on lean initiatives originally introduced in the fall of 2011. The Saskatchewan Lean strategy which is a patient centered approach to managing and delivering care that continuously improves how we work. Lean finds and eliminates processes that do not add value from the patient's perspective.



*Pictured here: John Black, President of JB and Associates Consulting and Bonnie Brossart, CEO of Health Quality Council attend a weekly wall walk led by Andrew McLetchie, CEO of the Mamawetan Churchill River Health Region.*

**Lean makes health care better in several ways:**

- It increases safety, by eliminating defects and errors.
- Staff doing the work are the ones who look for waste and find better ways to deliver care.
- It reduces cost, by getting rid of waste.
- Patients have better health outcomes.

During the 2013-2014 fiscal year, the Mamawetan Churchill River Regional Health Authority continued developing a system-wide strategy deployment process in collaboration with the Ministry of Health, other regional health authorities, and the Saskatchewan Cancer Agency.

Mamawetan Churchill River Regional Health Authority committed to focusing on the following strategic level breakthrough initiatives for 2013-14:

- HIV Testing
- Primary Care Redesign
- Employee Safety

The breakthrough initiatives are influenced by the unique circumstances of the region, including demographics and health status.

*Better* better health • better care • better value • better teams

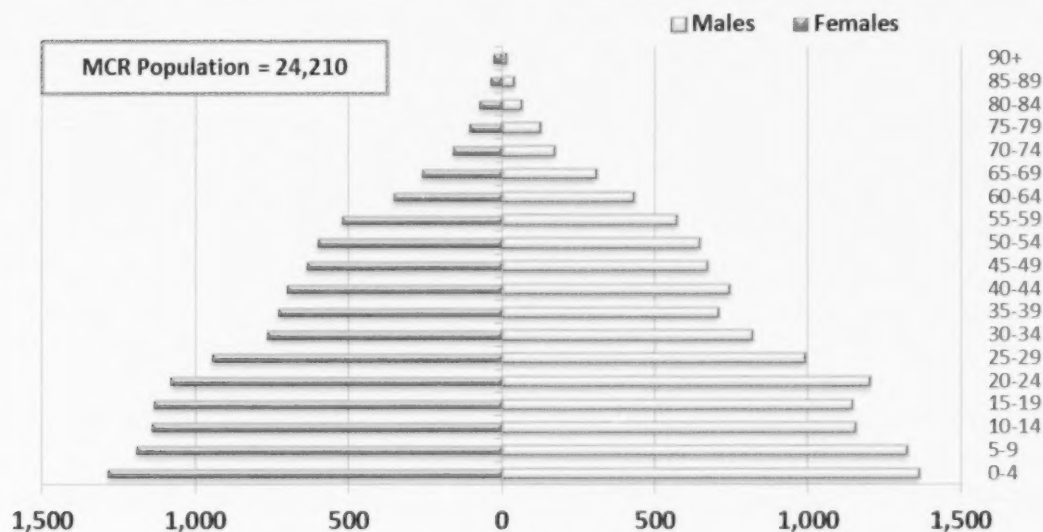


## RHA Overview

The population of the Mamawetan Churchill River Health Region has some unique characteristics which impact health care service delivery.

The distribution of population in the health region is different from the distribution of population for the province as a whole. For example, in Mamawetan Churchill River, 31% of the population is under the age of 15, compared to 19% for the province. Over 80 percent (82.5%) of the population self-identify as being Aboriginal.

### Population Pyramid by Age and Sex, MCR 2013



The Northern Saskatchewan Health Indicators Report 2011, released in January, 2012, provides an extensive analysis of the various geographic, demographic and socio-economic impacts on health status.

In 2012, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had some of the highest 'dependency ratios' of all other health regions in Canada, comparing the number of youth under 20 and elders 65 years of age and over with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

Off-reserve children in the Mamawetan Churchill River Health Region aged 17 years and under (30%) are twice as likely to live in poverty compared to the province (14%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 84.5% for the province.

The median after-tax income of people living in Mamawetan Churchill River Health Region is \$16,850, which is almost \$12,000 less than the provincial median.

The Mamawetan Churchill River Health Region has almost three times the proportion of dwellings requiring major repair, and more than 8.5 times the rate of crowding, having more than one person per room, compared to the province.



## Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the Minister determines the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Provide ongoing evaluation of Board and CEO;
- Promote and encourage health and wellness; and
- Act on other priorities that may be directed by the Minister.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- Comply with all legislation, regulations, contracts, policies and directives;
- Comply with all Ministerial information requests; and
- Provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

### *The Mamawetan Churchill River Regional Health Authority for the 2013-14 Fiscal Year*



\*Photo not available for Joe Hordyski (resigned as of September, 2013)

\*Board members Morris Zatwarnitski and Greg Ross appointed as of March 5, 2014





The Mamawetan Churchill River Regional Health Authority has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

The Ethics Committee continues to be active in a variety of areas. The Committee ensures that its members receive ongoing education as well as Ethics related education and training for all health region staff. The Ethics Committee now meets every second month with two sub-committees, the Education Committee and the Consultation Committee meeting on the alternating months. The Education Committee is making plans to provide education ethics 101 to all departments on a rotating basis. The Consultation Committee continues to be available for new referrals.

The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee. In addition, the MCRRHA Board is also represented on the Practitioner Liaison Council, the Northern Human Services Partnership, and the North Sask Laundry & Support Service Board. The Board Chair represents the Mamawetan Churchill River Regional Health Authority on the Governing Council.

In 2013-14, the RHA met eight times in La Ronge, once in Sandy Bay and once in Creighton. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks. In 2013-14, the Community Advisory Network in the Creighton, Denare Beach, and Flin Flon, Saskatchewan area met regularly with Board and region representatives. Telehealth technology is employed for regional meetings, in addition to face-to face meetings.

In Pinehouse, an inter-agency group, Reclaiming our Community (ROC), acted as the Community Advisory Network with a CAN sub-committee being formed in January of 2014.

Members participated in various advanced modules of the Health Director Education and Certification Program, delivered through the Johnson-Shoyama Graduate School of Public Policy at the University of Regina.

As part of its ongoing commitment to board development, RHA members attended the fourth annual Saskatchewan Health Quality Summit. One Board member also attended the conference of the Canadian Public Health Association, one attended the Canadian Healthcare Association/National Health Leadership Conference, one Board member attended the Healthcare Governance Summit, and one attended the South Central Foundation NUKA Conference.

As part of the Lean initiative, Board members regularly attended wall walks. They also attended; Level 1 Hoshin Training, Connecting the Dots, an RPIW hosted in Moose Jaw, and kaizen basics.

In August, 2013, the Board hosted its sixth annual Honour Feast for staff in La Ronge, with Board members taking their turn at the barbeque. This is the Board's way of thanking all employees for their contribution to the organization. The event was combined with the recognition of those who had reached milestone years of service with the region. This year our region was proud to celebrate the long service of Margaret Irving, who reached 40 years of service.



## Organizational Structure

In January, 2014 Mamawetan Churchill River Regional Health Authority underwent a major organizational re-structuring in order to better govern and serve the needs of the Health Region. An Executive Director team consisting of; Mrs. Teresa Watt, Executive Director, Operational Support and Mr. David Watts, Executive Director, Integrated Health report directly to the CEO.

Also reporting to the CEO is the Director of Kaizen Promotion Office, Director of Finance, Director of Population Health Unit, and the Senior Medical Officer.

Reporting directly to the Director of Integrated Health Services are the Director of Nursing, Director of Primary Care Nursing, Director of Homecare, Director of Mental Health and Addictions, Director of Therapies, Director of Community Health Services, supervisors for the Laboratory and Diagnostics departments, and Community Health Managers.

Reporting directly to the Director of Operational Support are the Director of Human Resources, Director of Information Services, Director of Facilities & Operations, and the Director of Communications.

The director positions listed above make up the Directors Team who provides feedback, recommendations, and input to support the Executive team. There is input into decision making on issues that require broader dialogue and communication to and from the organization and on issues that have broad implications for the region. The Directors team also participates in the strategy deployment processes for the organization.

## Health Care Organizations & Other Third Party Relationships

In order to achieve its mandate, the Mamawetan Churchill River Regional Health Authority is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- CADAC, the Creighton Alcohol and Drug Abuse Council.
- The organization contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and Manitoba's Northern RHA (Flin Flon General Hospital Ambulance Service).
- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the health authority. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health and Addictions Services is responsible for the contract and meets regularly with NSN board and staff to review services and quarterly financial statements.
- The authority administers the funding for the Northern Human Services Partnership (Regional Intersectoral Co-ordinators).
- The authority also receives funding from Kids First North to deliver services and from the Saskatchewan Ministry of Justice to deliver the Children Exposed to Violence program.

## Service Delivery

Services are delivered by the Mamawetan Churchill River Regional Health Authority to residents in north-eastern Saskatchewan through facilities in five communities: Creighton,





La Ronge, Pinehouse, Sandy Bay, and Weyakwin. These facilities serve as a base for programs and services that are also provided at outfitter camps, mining operations, exploration camps, correctional facilities, schools, community gathering places, and homes.

Environmental health services are provided to off-reserve communities adjacent to First Nations communities at Stanley Mission, Southend, Pelican Narrows, Deschambault Lake, and Wollaston Lake.

In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

## Programs & Services:

The programs and services provided by the Mamawetan Churchill River Regional Health Authority are designed to respond to the changing needs of our clients.

### **Population Health Unit**

The Northern Saskatchewan Population Health Unit is unique in the province. It is a major collaborative initiative of the **Athabasca Health Authority (AHA)**, **Keewatin Yatthé Regional Health Authority (KYRHA)** and **Mamawetan Churchill River Regional Health Authority (MCRRA)**, formalized through a Co-Management Partnership Committee memorandum of understanding. The population is approximately 39,000 within a geographical area of 307,180 square kilometres, almost half the province.

The Population Health Unit is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by *The Public Health Act, 1994* and related regulations. In addition, the Unit has a role in population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

- A Medical Health Officer and Deputy Medical Health Officer,
- An Environmental Health Manager, Public Health Inspectors, and Environmental Health Protection Coordinator,
- A Nurse Epidemiologist, Public Health Nurse Specialist, and TB Outreach Nurses,
- A Communicable Disease/Immunization Coordinator, HIV Strategy Coordinator and Community Case Worker,
- An Infection Prevention and Control Practitioners (one northern and one provincial position),
- A Dental Health Educator/Technical Consultant; Public Health Nutritionist; and Population Health Promotion Coordinator,
- An Administrative Support Staff, and Director of the Population Health Unit

The Population Health Unit takes a leadership role in the cross-jurisdictional and intersectoral Northern Healthy Communities Partnership (NHCP). In 2013-14, the Healthy Eating Team conducted a School Nutrition Mentoring Pilot Project in partnership with the Northern Lights School Division in four northern communities to increase capacity of community schools to provide nutritious foods to students. As well, a Northern



Saskatchewan Gardening Manual was prepared. Other NHCP projects supported physical activity, tobacco reduction (supporting Maternal Tobacco Cessation and Youth Tobacco Reduction), early childhood development and support to youth. The NHCP website was completed and has offered new opportunities for connecting communities and partners. Several social media campaigns have been integrated with the website.

Through the use of LEAN tools, Public Health Inspectors increased the public eating establishment inspection rates across northern Saskatchewan from 72.2 percent in 2012-13 to 91.6 percent in 2013-14. They also increased participation in Food Safe schools and their Healthy Homes project, and collaboration with northern housing and northern municipalities to support families with home maintenance.

In 2013-14, the Population Health Unit was active in the development and implementation of the provincial and northern HIV and High incidence TB strategies. As well, as part of a joint media project with the Northern Inter-tribal Health Authority, video and audio clips of community and staff stories were gathered in La Loche and Sandy Bay early in 2014. The stories will be used in a variety of ways, including social media, to raise awareness and educate communities about TB.

The PHU was involved in seven environmental assessment projects at various stages. These reviews are part of our work with the Saskatchewan Environmental Assessment Review Panel (SEARP) with three projects being completed and approved to proceed by the Ministry of Environment, two being new projects and two being revisions of previous Environmental Impact Statements. As of December 2013, there were 13 active environmental assessments occurring in the province with six (46%) of these in the three northern health authorities' areas. The Population Health Unit is providing input into a provincial wide project to increase the capacity for health regions to participate in the environmental assessment process from a community health perspective.

The Northern Saskatchewan Prenatal Biomonitoring Program for environmental chemicals and contaminants is being conducted through a partnership with the Saskatchewan and Alberta Ministries of Health, and Northern Inter-Tribal Health Authority. In 2013-14, laboratory analysis of collected samples was completed and Results will be made available once statistical analysis and comparisons are completed.

The Population Health Unit assesses health research proposals for Northern Saskatchewan to ensure that they follow quality, safety and ethical guidelines. In 2013-14, 25 proposals were assessed, with the northern health authorities approving seventeen.

### **Physician Services**

The authority does not employ physicians, although it does have a contractual arrangement for a part-time Senior Medical Officer.

In La Ronge, physician staffing is facilitated through Northern Medical Services, a division of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term



*In this picture: Dr. Covenden has a visit with the La Ronge Health Centre's 2014 New Year's Baby*



care patients, and outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend, and Wollaston offering patient care to clients in these communities. In 2013-14, just under 400 outpost clinics were performed by the La Ronge physician group.

Specialist services are also made available in La Ronge in the areas of pediatrics, developmental pediatrics, obstetrics, gynecology, orthopedics, general surgery, ophthalmology, and otolaryngology. Infectious disease clinics are held focusing on TB and on HIV. The visiting specialists hold clinics in the La Ronge Medical Clinic, La Ronge Health Centre and via telehealth.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. There are four La Ronge rural residents in our rural residency program. Two are first year residents and two are second year residents. The physicians also commit time to administrative duties for the health authority, University of Saskatchewan, and provincial committees.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Over all, the physician complement in the region is stable. The growing population and increasing service demands have made access difficult both in La Ronge and the community health centres. The La Ronge Medical Clinic has enhanced the methadone maintenance treatment and HIV management programs with support from the health authority.

## **Integrated Health Services:**

### ***Acute Care/Hospital Services***

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region. The acute care unit is staffed by registered nurses and licensed practical nurses. Attending physicians are staffed through Northern Medical Services.

In 2013-14, there were 525 admissions to acute care beds. As well, 60 births occurred at the La Ronge Health Centre. There were 13,251 visits to the Emergency Department and a total of 563 clients were kept in "short stay" beds for observation.

### ***Diagnostic Services***

Diagnostic Services is comprised of laboratory, x-ray and ultrasound. In 2013-14, 28 inpatient and 868 outpatient ultrasounds were completed. There were 255 x-ray inpatient exams completed and 4375 outpatient exams.

### ***Nikinan (Long Term Care)***

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2013-2014 four new clients were admitted to the facility. At the end of the fiscal year, there was a waiting list of 43 individuals.



In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2013-14, there were 34 respite admissions.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

### ***Home Care***

Home Care is a community based service that assists clients to stay in their own homes and communities for as long as possible. This allows them to maintain dignity and independence while enhancing the quality of their lives. Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin/Ramsey Bay. Services provided are based on a provincial standardized assessment tool. Home care nurses provide care and monitoring of clients. Specialist wound care support is provided to outlying communities twice weekly by an ostomy and wound care consultant. Home health aides assist clients with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. Meals on Wheels services are offered in La Ronge, Sandy Bay, Creighton and Weyakwin.

Podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days, and periodically in the communities of Sandy Bay and Pinehouse. The podiatrist is assisted by a nurse who provides care and follow-up between visits. The communities of Sandy Bay, Pinehouse, Creighton and Weyakwin, which have home care services also benefit from regular foot care clinics conducted by home care staff.

### ***Volunteers***

Volunteers are people of any age who give time, talent and energy to help other people, for which they seek no compensation. We try to match interests and time schedules with the programs. One of the most important contributions is meals on wheels delivery, seven days a week. Volunteers assist with the seniors' exercise program and the courtyard horticulture program, knitting, shopping, visiting, and baking. We have local partnerships with elementary and post-secondary schools. Persons wanting to volunteer are encouraged to contact their local home care department.

### ***Primary Care***

Primary health care is available at the health centres in Pinehouse and Sandy Bay. These are staffed by primary care nurses who work in an expanded role to deliver emergency and non-emergency care to patients, with doctors visiting from La Ronge or Prince Albert on a regular basis. A number of employees are based in La Ronge at the Medical Clinic, work collaboratively with the physicians within the clinic. These include RN's, social workers, and support workers. Residents in the Creighton area can receive primary care through the Northern Health Region in Flin Flon, Manitoba.

## **Community Health Services:**

### ***Addictions & Mental Health***

Mental Health and Addictions services in La Ronge, Pinehouse, and Sandy Bay provide education, support and counseling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being and/or addictions.





Youth addictions services in La Ronge are provided off-site at the Kikinahk Friendship Centre. In addition to client services our youth services include a position dedicated to health promotion, particularly in the areas of mental wellbeing and addictions for youth. Addictions services in Creighton are provided through a contracted service with Creighton Alcohol and Drug Abuse Council (CADAC) and mental health in Creighton is provided directly from an MCR employee. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a full-time Social Work position to provide these services to residents of La Ronge and surrounding area. In addition to the above outpatient services in addictions MCR also has an eight-bed Social Detox program housed in the La Ronge Health Centre.

In 2013-14, there were 503 active mental health clients. There were 28 child/youth patients and 78 adult patients readmitted to the program over the year.

There were 414 addictions files opened in 2013-14.

The Scattered Site Community Support program funded by MCR and provided through North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services. The program has added a mobile unit to enhance outreach services.

As part of the breakthrough initiative for primary care re-design a team based out of the La Ronge Medical Clinic consisting of two full time social work positions and one full time clerical support staff was developed. This team provides education and support for residents accessing the Methadone Maintenance Program and those living with HIV. This team also provides community education on these issues.

In keeping with the provincial agenda of integration of the two services, the Director of Mental Health and the Director of Addictions were combined into one position – Director of Mental Health & Addictions. We will continue on our journey towards full integration and also with making better connection with Primary Care over the next year.

## **Therapies:**

### ***Autism Spectrum Disorder (ASD) Services***

ASD Services provides support to individuals and families within MCRHR that are affected by ASD. They work to improve access to resources and supports while enhancing capacity to function in the home and community. Although centred in La Ronge, the staff travel to other MCR communities to assist individuals and families.

### ***Dietitian Services***

The dietitian provides education and support to MCR clients with a variety of dietetic needs. Services are offered one day a week out of the La Ronge Medical Clinic and the remainder of the time out of the La Ronge Health Centre. The dietitian also works in MCRHR communities offering programs that promote healthy eating and good health. The dietitian provides consultative services to other MCR programs.



### **Children's Dental Services**

MCRHR is taking steps to improve children's oral health by increasing access to dental care, particularly preventive services for children in Northern Saskatchewan. Enhancements have been made to the Region's preventive dental health services for pre-natal mothers, and children age 0-5.

Focus will be on upstream interventions related to improving oral health through prevention and education with the end goal to reduce the need for hospital based general anesthesia treatment services due to extensive dental needs.

### **Physiotherapy**

Physiotherapy services are provided to individuals of all ages within MCRHR, who have physical problems related to injury, disease, or disability in order to improve mobility and independence. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services. The three physiotherapists provide consultation services to home care and long term care residents. MCR does not provide surgery but endeavors to assist the surgical initiative by providing rehabilitative physiotherapy services to residents of MCR to prepare patients for and recover from surgery in their home community. Physiotherapy services are also available to patients accessing services through WCB and SGI claims.

### **Speech & Language Pathology**

MCR's Speech-language Pathologist (SLP) provides services focused on early intervention and prevention to children ages 0-60 months within MCRHR. Once the children are of school age therapy services are provided through the school division. The SLP provides consultative services to the Food Services and Long Term Care departments and provides long term care residents with an initial feeding/swallowing assessment and an annual review.

### **Wellness Grants:**

Project	Organization	Community
La Ronge Children's Festival	La Ronge Children's Day Inc.	La Ronge
Pre Cam Community School Summer Day Camps	Pre Cam Community School	La Ronge
Four Directions	Hector Thiboutot Community School- Culture Committee	Sandy Bay
Southend Thaketitan Working Group Garden Project	Southend Thaketitan Working Group	Southend
Youth Wellness Gathering	PBCN Treaty Land Entitlement Committee	La Ronge
Girls on the Move	North Sask Victim Services	La Ronge
Scared Straight	Creighton Community School	Creighton
Nutrition- Cooking Club	Village of Denare Beach Drop-in Program	Denare Beach
National Addiction Awareness Week	NAAW Committee	Pinehouse
Mentors and Muffins	Pre-Cam Community School	La Ronge
26th Annual La Ronge and Area Music Festival	La Ronge and Area Music Festival Association	La Ronge



## **Public Health Services:**

### ***Public Health Nursing***

Public Health Nurses provide services to community groups, families and individuals related to health promotion, disease and injury prevention, health education, community development as well as facilitation of client services. Services currently offered through Public Health Nursing are as follows: prevention and education around vaccine preventable diseases and notification and education of communicable disease, annual influenza vaccine program, annual school health programming to include vaccine preventable diseases, international travel health programming around education and vaccine preventable diseases, tuberculosis education and surveillance program, perinatal health, child health and immunization clinics, staff immunization, occupational health, and the harm reduction program including the needle exchange program. Public Health Nurses also act as resources for sexual wellness education and information.

### ***Youth Sexual Wellness***

Sexual wellness programs will be offered at the request of Northern Lights School Division and other community areas where the expertise of a health care professional is required. This service may be offered by a public health nurse, primary care nurse, nurse practitioner, social worker, physician, or other designate.

### ***Northern Medical Transportation/Vaccine Clerk***

This position makes air/taxi/ambulance travel arrangements for clients and maintains records of clients needing referrals. This position is also responsible for receiving, managing and distributing vaccines.

### ***Community Health Educators (CHEs)***

These positions provide support through a range of programs/services including counselling and community awareness/development to help clients achieve mental and emotional balance to meet the needs and challenges of daily living. In particular, CHEs assist public health services in the following areas:

- Tuberculosis program specific to direct observed therapy
- Education and delivery of screening kits regarding prevention of colorectal cancer
- Delivery of Living Well with Chronic Conditions Program implemented in two communities
- Breast Cancer Mammography Screening
- Diabetes Education Network

## **Support Services:**

### ***Telehealth***

Telehealth enhances the ability to provide patient care, regardless of geographic location. The region currently has four communities with Telehealth services:

- La Ronge (3 sites – 2 at the Health Centre 1 at the Medical Clinic)
- Pinehouse





- Sandy Bay
- Creighton

In 2013-2014, 137 clinical patients were seen via Telehealth, while staff and community members who attended education events increased from 508 to 619, for a total of 1987 hours of learning.

### ***Information Technology***

Information Technology is responsible for general information technology support, telehealth, phone system, computer infrastructure, and implementation of new technology/systems.

### ***Health Information Services***

Health Information Services is responsible for the release of information, proper maintenance of La Ronge Health Centre patient records, coding, and abstracting of inpatient data.

### ***Facilities and Operations***

Facilities and operations consist of maintenance, security, regional vehicle coordination; coordination of facility renovations and upgrades; Environmental Services responsible for infection control and cleaning of La Ronge Health Centre, linen/laundry; Food Services responsible for delivering meals to clients both at La Ronge Health Centre and meals on wheels program, as well as the cafeteria.

### ***Financial Services***

Financial Services functions under the Director of Finance to ensure fiscal responsibility and planning occur to meet the Health Authority's obligations to the public. The department is responsible for maintaining financial accounting, payroll, invoicing, and accounts payable and receivable.

### ***Human Resources***

Human Resources is responsible for general human resource functions, payroll, benefits, representative workforce, labour relations, staff orientation, and recruitment and retention duties.

### ***Emergency Preparedness***

Emergency Preparedness is responsible for the development and training for emergency plans, phone fan-out maintenance, First Responder training, coordination with EMS services and basic-to-intermediate air medevac quality control monitoring.

### ***Employee Safety***

Employee Safety is responsible for OH&S training coordination, OH&S committee coordination, safety management system, regional infection control.



### ***Communications***

The Health Authority communications are coordinated through the Director of Communications. This position works with management and staff to ensure ongoing and appropriate communication on health issues that may impact or be of interest to the public. The position helps with coordinating Board activities, supporting internal communication processes, coordinating media inquiries and releases, and ensuring the flow of information between the Ministry of Health and other stakeholders.

### ***Kaizen Promotion Office***

The Kaizen Promotion Office (KPO) is responsible to build capacity for continuous improvement in MCRHR by promoting Lean principles and tools and by supporting the region's improvement activities. The KPO assists and coaches leaders as they manage improvement projects such as mistake proofing, 5S, and Rapid Process Improvement Workshop's (RPIWs). It is also responsible for ensuring all improvement teams apply standardized Lean methodology. Other duties and functions within the KPO include privacy, client concern handling, accreditation coordination, patient safety (including patient safety reporting and critical incident management), all with a patient and family centred care approach.

The KPO is made up of the Director of Kaizen Promotion Office, two Kaizen Coordinators and the Clinical Risk Management Coordinator.



## Progress in 2013-14

The Mamawetan Churchill River Regional Health Authority, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2013-14. This was achieved through the region's program activities, participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Highlights of progress towards selected breakthrough initiatives as determined through the strategy deployment process and those of Chief Executive Officer's Pay-for-Performance plan are presented in this report. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the four "betters" and the five year outcomes and targets of the health care system.

In 2013-14, regional health authorities continued work on hoshin kanri (strategy deployment). Mamawetan Churchill River Health Region started the fiscal year with 3 breakthrough initiatives. These included:

- HIV Testing
- Primary care redesign
- Employee Safety: Reduction of Harassment

Hoshin kanri is an evolving process, with that, lessons we have learned Include:

- Setting the parameters of a project appropriately,
- Involving all levels of the organization,
- Recognizing the importance of managing with measures,
- Understanding our own internal priorities, processes, and areas for improvement.
- Knowing the priorities of other organizations and how those may impact the Health Region,
- Being mindful to not task more than one breakthrough initiative to each team lead,
- Managing resources appropriately, and
- Factoring in the time needed for daily routine work that cannot be ignored.

Under each "better" below, are the results of the 3 breakthrough initiatives (these are underlined) along with other issues and situations that were addressed in 2013-14.

### **Better Health**

*The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome to reduce by 30% hospital utilization related to the six common chronic conditions of diabetes, coronary artery disease, chronic obstructive pulmonary disease, depression, congestive heart failure and asthma.*

By 2017, there will be a 50% improvement in the number of people who say "I can access my primary healthcare team for care on my day of choice either in person, on the phone or via other technology."

#### **Results:**

Implementation of EMR – ongoing work in improving the EMR and access of health providers to the EMR has continued. Conversations have begun with First Nations providers to share the EMR.

*Together in Wellness*



**Primary Healthcare Access** – Initially the La Ronge Medical Clinic began tracking next available appointment for providers, this was later changed to third next available appointment. The results are as follows:

This information is being used to help with planning a change in the care delivery model to better provide access for patients. These changes are based on learnings from the South Central Foundation (Nuka model of care) and the Meadow Lake Medical Clinic.

DAYS Wait	2013										2014			
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Monthly Average</b> All Providers	11	12	13	11	13	18	14	14	12	10	11	14	13	15
<b>Monthly Average</b> Any Provider	4	6	9	6	8	14	9	7	6	5	4	9	7	9
<b>Lowest Wait Time in Month</b> Any Provider	2	1	4	3	5	12	3	2	1	2	1	7	0	4
<b>NOTE:</b>	using <b>1st</b> available appt.		using <b>3rd</b> next available appt.											

*MCR Regional Health Authority supports the provincial health system's five year improvement outcome of at risk populations achieving better health through access to evidence based interventions, services and/or supports.*

By March 31, 2017, Reduce the number of patient days of seniors occupying acute care beds awaiting community service supports, i.e. home care by 50% by March 31, 2017.

#### **Results:**

**Long-term Care Clients** - As of March 31, 2014, there are 43 people on the long-term care waiting list for La Ronge Health Centre.

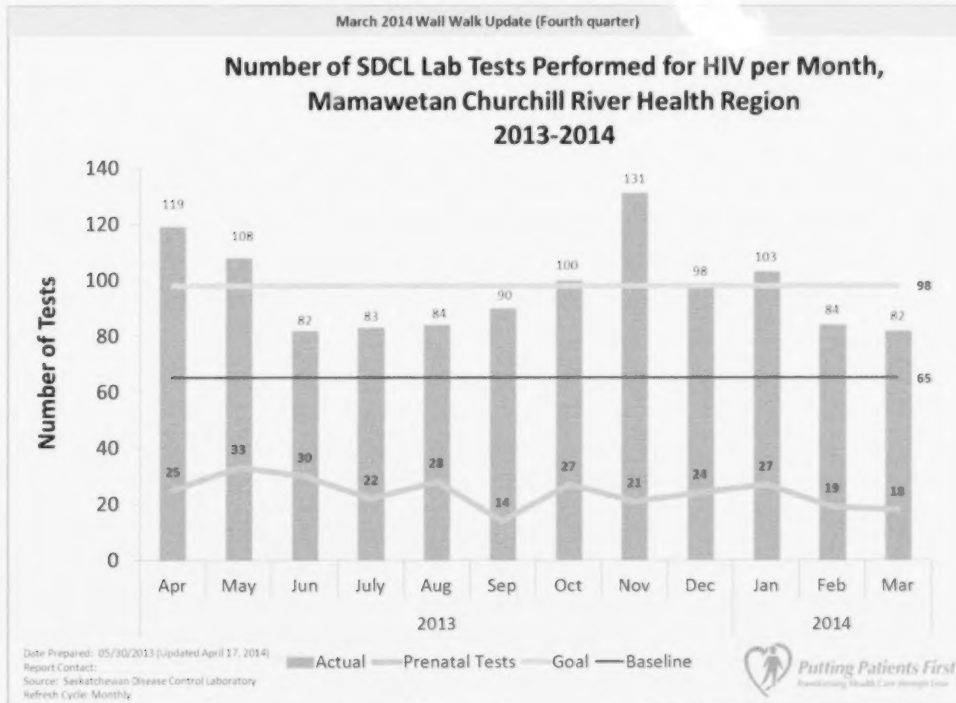
As of March 24, 2014, the next available respite bed is on August 26, 2014.

As of March 31, 2014, there was one person waiting placement for long-term care on the La Ronge Acute Care ward.

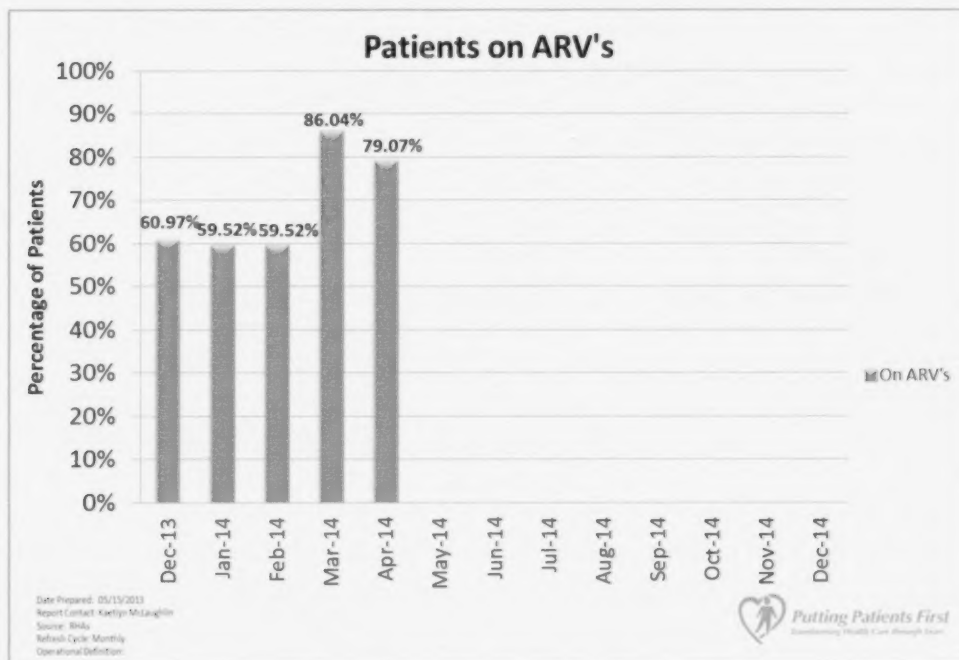
By March 2017, 100% of cases of specific communicable diseases (HIV, tuberculosis, and sexually transmitted infections) in high-risk populations will be managed according to provincial standards.

#### **Results:**

**HIV**– Staff have been working towards reaching the target of 98 HIV tests/month. The following graph outlines the monthly progress for the past year.



MCR has hired a social worker who is working with the HIV positive population at the La Ronge Medical Clinic. This worker in collaboration with the physicians and Population Health Unit has increased the percentage of HIV positive clients on antiretrovirals (ARVs). Work to further increase the percentage is ongoing.







## Better Care

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of all people having access to appropriate, safe and timely surgical and speciality care (cancer, specialist and diagnostics) as defined by the improvement targets.

By March 31, 2017 there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics.

### Results:

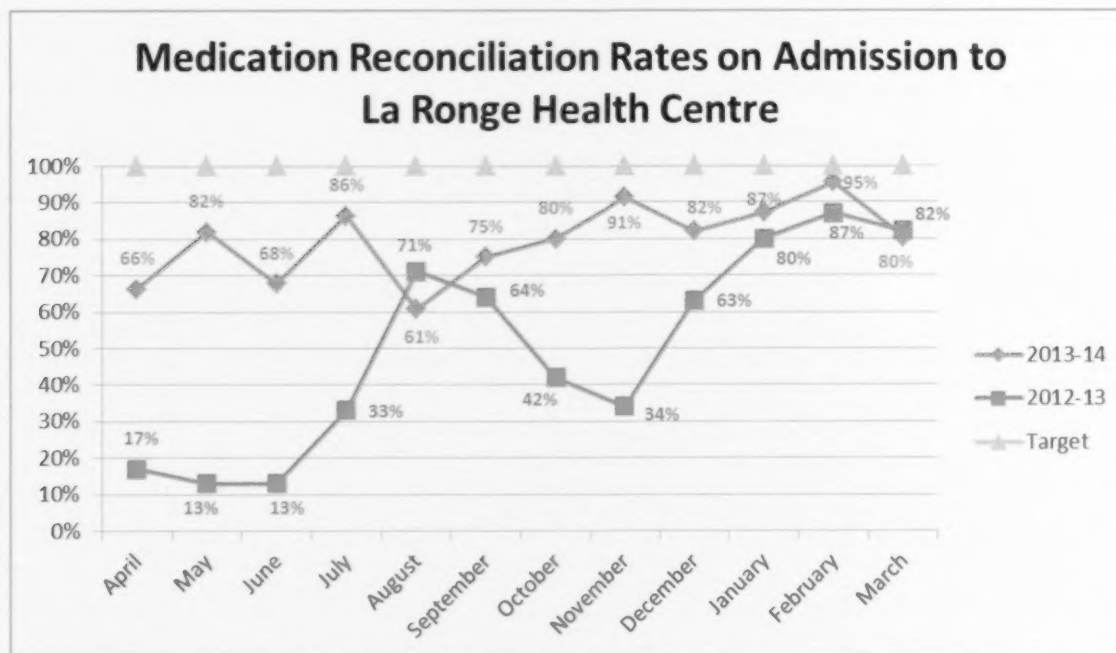
Ultrasound - As of March 24, 2014, the next available routine ultrasound appointment was for May 5, 2014.

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of establishing a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

By 2017, there will be zero patients who experience a medication defect.

### Results:

Improvement of medication reconciliation on admission to Acute Care – the team embarked upon actions of ensuring all staff were accessing the electronic pharmacy system, educating them on medication reconciliation, creating measures and putting checks in place to ensure that medication reconciliation was completed on each patient admitted to the ward. The measures told the story, and when issues were identified, root causes were found and solutions were trialed. The chart below shows the progress on a monthly basis throughout the year.





By March 2017, there will be zero workplace injuries.

**Results:**

In the calendar year of 2013, MCRHR had 11 time loss claims and 26 claims with no time lost. Of the 37 total claims, 20 of these indicated injury to neck, shoulder or back. This resulted in 141.5 days away from the workplace. The following list is a breakdown of the method of injury:

Client/Patient Moving – 10

Slip & Fall – 12

Equipment – 6

Auto Accident – 3

Repetitive Injury – 2

Miscellaneous Muscle Pull/Cramping etc. – 4

## Better Value

*MCR Regional Health Authority supports the provincial health system's five year improvement outcome to bend the cost curve by lowering status quo growth by 1.5% by March 2017.*

**Results:**

Year-end financial indicators for sick leave, overtime, and calls backs were very encouraging; management has decided to continue to put effort to improve on the current achievements.

Category	Target	2013/14	2012/13
Sick time	\$595k	\$603k	\$680k
Overtime	\$396k	\$447k	\$528k
Callbacks	\$500k	\$526k	\$715k

*MCR Regional Health Authority supports the provincial health system's five year improvement outcome to have all information technology, equipment and infrastructure coordinated through a provincial planning process to ensure provincial strategic priorities are met.*

By March 31, 2015 shared services will improve quality while achieving \$100 million in accumulated savings.

### 3sHealth 2013-14 shared services report

Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.





Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing \$98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of \$7.8 million.
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding our \$10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over \$23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services / information management, transcription services, enterprise risk management, supply chain and environmental services.

Through ongoing collaboration with our health region and SCA partners, 3sHealth has exceeded \$93 million in total savings, and we are ahead of schedule in our goal of achieving our \$100 million five-year target. We look forward to celebrating this significant milestone next year with our health sector partners as *together* we transform healthcare.

## **Better Teams**

*The MCR Regional Health Authority supports the provincial health system's five year improvement outcome of increasing staff and physician engagement scores to 80%.*

By March 2017, more than 1000 focussed Lean training and kaizen events involving staff, physicians and patients will be undertaken in multiple areas of the health system.

### **Results:**

Leadership Development - In 2013-14, 2 North American tours were completed and 1 mistake proofing project completed, the other is in progress. A total of 51 staff and 12 physicians attended Kaizen Basics which was held in La Ronge in October 2013. 11 5S events were held in the region, as well. In September 2013, a Director of the KPO was hired and since then 2 additional KPO Coordinators have joined the team.

By March 31, 2017, 100% of staff and physicians are continuously improving care and service through visual daily management.

### **Results:**

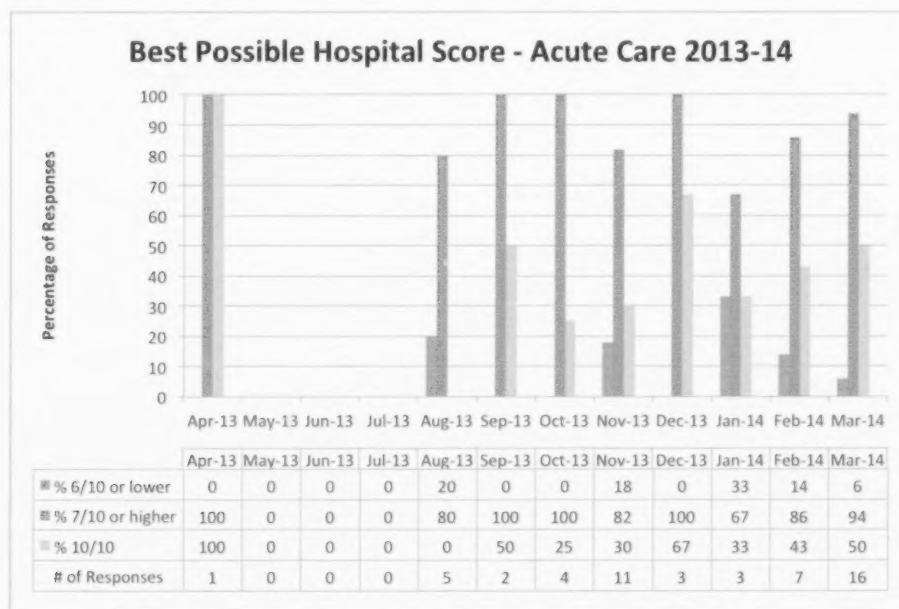
All but four programs have visibility walls up in their departments. Work is being done to get walls up for the remainder of the programs. Process maps, measures, ideas for improvement and safety talks are the standard work for each wall and staff are beginning to see these walls as more than additional requirements, but rather as beneficial to making processes more efficient.



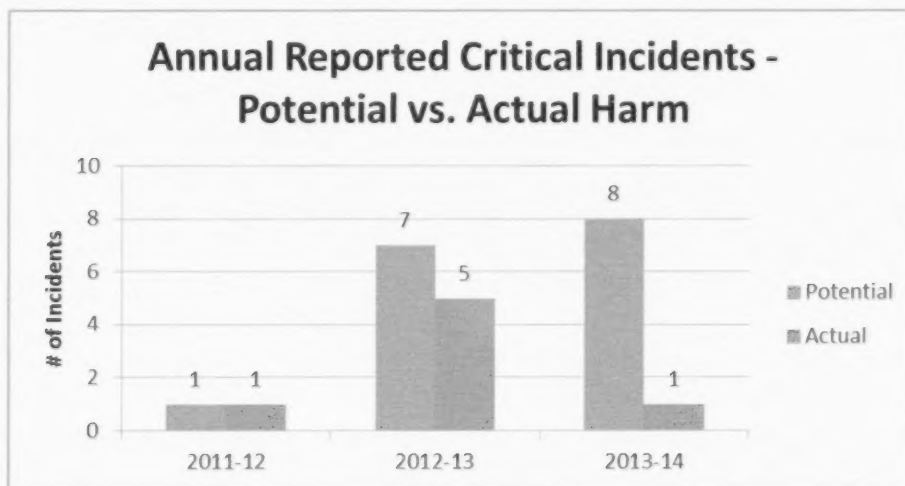
## Measurement Results

### Patient Experience In Acute Care

Historically it has been difficult obtaining patient feedback through the use of surveys. MCRHR has trialed various tools and processes in this effort. These trials have resulted in a tool that is showing increased return of surveys and feedback as noted in the chart below. Tracking of the best possible hospital score was one of the measures which we tracked consistently since August 2013. It was decided to track both the 10/10 scores and scores that were 7/10 or higher, these results are reflected below.



### Critical Incidents

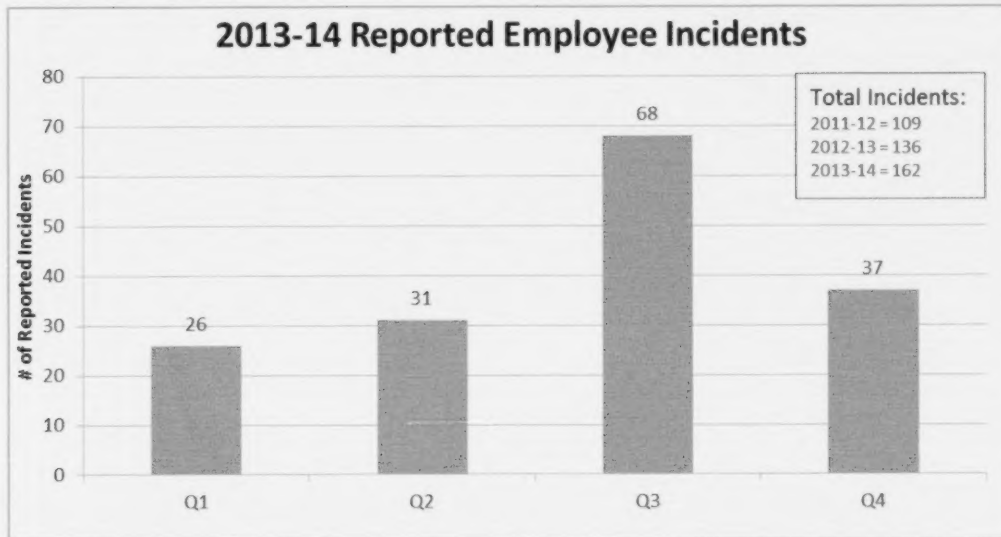


Reporting of critical incidents has increased annually in MCRHR, however it is felt that there is still under-reporting of incidents, as is common across healthcare systems. Of note is that there are more



near misses or potential incidents being reported which means processes can be fixed before actual harm to patients occurs.

### Employee Safety Incidents



MCR has seen an increase in employee incidents being reported annually. There was a spike in the third quarter with 35% of the reports attributable to violence or aggression in the workplace related to two patients with behavioural issues linked to a specific disease process. Staff training and education on understanding behavioural issues and care planning continues. Related to this is providing care to long-term care patients on the Acute Care ward. The number of these patients fluctuates throughout the year with only one patient on the ward who is awaiting placement, however the number has been as high as four this past year. There is currently a waiting list of 43 clients for long term care services.

### Employee Satisfaction

MCRHR participated in the provincial employee engagement survey in February 2014. The results will be out later in 2014, however MCRHR had a response rate of 38% which was the third highest in the province. As well, September 2014 will be when the Accreditation Canada on site survey happens for the region and as such, many accreditation related surveys were completed in the organization. One of those was the Worklife Pulse survey. Overall, of the 30 areas assessed there was 1 red flag, 15 yellow flags and 14 green flags. Combining these results with those of the employee engagement survey will provide us with valuable information to formulate an action plan for improvement.

### Immunization Rates

In Saskatchewan, immunization programs are primarily delivered by public health services in the health regions. All vaccines recommended for childhood immunization are publicly funded.

In Saskatchewan, there were 13,352 two years old were registered in the Saskatchewan Immunization Management System (SIMS) and had provincial health coverage as of April 15, 2014. Of this population MCR had 256 two year olds eligible for vaccination. The coverage rates were as follows 69.9% for pertussis, 71.5% for measles, and 92.6% for meningococcal.



In Saskatchewan, there were 13,073 children aged seven years that were registered in the SIMS database and had provincial health coverage as of April 15, 2014. Of this population MCR had 281 seven year olds eligible for vaccination. The coverage rates were as follows 76.5% for pertussis, 91.8% for measles, and 96.8% for meningococcal.

Influenza immunization was available throughout the region from October 2013 – March 31, 2014. A total of 2,067 residents in the region were immunized. The region employs 295 health care workers. Of this number, 225 were immunized.





## Management Report



## Mamawetan Churchill River Health Region

*Working together in wellness to promote, enhance and maintain quality of life.*

June 13, 2014

### MAMAWETAN CHURCHILL RIVER HEALTH REGION

#### REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew McLetchie  
Chief Executive Officer

Sulav Pant, CMA  
Chief Financial Officer





## 2013-14 Financial Overview

The Mamawetan Churchill River Health Region is responsible for the management of financial resources as well as health care services. In 2013-14 the Mamawetan Churchill River Health Region ended the year with an operating surplus of \$266,449. Actual operating revenues of \$30,108,168 were \$214,000 higher than the budgeted revenues of \$29,894,144. Of those revenues the Ministry of Health provided 89% and other provincial revenue was under 7% of the year's total.

For the 2013-14 year, the total operating expenses were \$29,841,719, which was \$54,000 more than the budget of \$29,787,676. Following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Budget/(Under Budget)	Variance % of Budget
Inpatient & resident services	\$ 4,196,730	\$ 4,520,693	\$ 323,963	7.7%
Diagnostic & therapeutic services	1,979,507	1,955,370	(24,137)	-1.2%
Community health services	15,835,996	15,535,553	(300,443)	-1.9%
Support services	6,842,276	6,869,228	26,952	0.4%
Total	\$ 28,854,509	\$ 28,880,844	\$ 26,335	0.1%

The variance in inpatient and resident services is mainly due to lack of relief staff to cover vacancies that occur throughout the year. This results in staff being paid at overtime rates to cover vacancies.

During the 2012-13 year, the region entered into a loan agreement to fund the installation of natural gas at the La Ronge Health Centre. At March 31, 2014, the balance owing was \$95,319.

The Board transferred \$300,000 from the surplus and fund balance to finance capital purchases.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**





Deloitte LLP  
#5 - 77 - 15th Street East  
Prince Albert SK S6V 1E9  
Canada

Tel: (306) 763-7411  
Fax: (306) 763-0191  
www.deloitte.ca

## Independent Auditor's Report

### To the Board of Directors of the Mamawetan Churchill River Regional Health Authority

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority, which comprise the statement of financial position as at March 31, 2014 and the statements of operations, changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2014 and the results of its operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

### Emphasis of Matter

Without modifying our opinion, we draw attention to Note 16 to the financial statements, which explains that certain comparative information for the year ended March 31, 2013 has been restated.

Chartered Accountants

May 20, 2014  
Prince Albert, Saskatchewan



## Statement 1

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF FINANCIAL POSITION**  
**As at March 31, 2014**

	Operating Fund	Restricted Funds	Community Trust Fund	Total 2014	Total 2013
		Capital Fund			(Restated - see Note 16)
<b>ASSETS</b>					
<b>Current assets</b>					
Cash and short-term investments	\$ 3,999,627	\$ 382,623	\$ 21,852	\$ 4,404,102	\$ 3,715,096
Accounts receivable	-	-	-	-	14,724
Ministry of Health - General Revenue Fund	-	-	-	-	915,326
Other	655,249	29,752	-	685,001	151,515
Inventory	203,601	-	-	203,601	168,063
Prepaid expenses	144,755	-	-	144,755	4,964,724
	5,003,232	412,375	21,852	5,437,459	
<b>Capital assets (Note 3)</b>	-	9,115,927	-	9,115,927	9,476,533
<b>Total Assets</b>	<b>\$ 5,003,232</b>	<b>\$ 9,528,302</b>	<b>\$ 21,852</b>	<b>\$ 14,553,386</b>	<b>\$ 14,441,257</b>
<b>LIABILITIES &amp; FUND BALANCES</b>					
<b>Current liabilities</b>					
Accounts payable	\$ 1,214,215	\$ 20,953	\$ -	\$ 1,235,168	\$ 907,145
Accrued salaries	704,072	-	-	704,072	373,813
Vacation payable	1,111,132	-	-	1,111,132	1,173,167
Bank loan payable - Current (Note 5)	-	95,319	-	95,319	100,274
Deferred revenue (Note 6)	467,800	-	-	467,800	728,634
	3,497,219	116,272	-	3,613,491	3,283,033
<b>Long term liabilities</b>					
Bank loan payable (Note 5)	-	-	-	-	95,321
Employee future benefits (Note 11)	744,300	-	-	744,300	709,500
<b>Total Liabilities</b>	<b>4,241,519</b>	<b>116,272</b>	<b>-</b>	<b>4,357,791</b>	<b>4,087,854</b>
<b>Fund Balances:</b>					
Invested in capital assets	-	9,020,608	-	9,020,608	9,280,938
Externally restricted (Schedule 3)	-	286,344	21,852	308,196	154,243
Internally restricted (Schedule 4)	-	105,078	-	105,078	216,850
Unrestricted	761,713	-	-	761,713	601,372
Fund balances - (Statement 3)	761,713	9,412,030	21,852	10,195,595	10,253,403
<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 5,003,232</b>	<b>\$ 9,528,302</b>	<b>\$ 21,852</b>	<b>\$ 14,553,386</b>	<b>\$ 14,441,257</b>

Contractual obligations (Note 4)

Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.



## Statement 2

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF OPERATIONS**  
**For the Year Ended March 31, 2014**

	Operating Fund			Restricted			Total	Total
	Budget 2014	2014	2013	Capital Fund 2014	Community Trust Fund 2014		2014	2013
			(Restated - see Note 16)				(Restated - see Note 16)	
<b>REVENUES</b>								
Ministry of Health - general	\$ 26,917,000	\$ 26,663,496	\$ 25,160,524	\$ 20,000	\$ -	\$ 20,000	\$ 60,000	
Other provincial	1,448,827	2,056,339	2,050,200	-	-	-	-	
Federal government	49,000	20,023	34,619	-	-	-	-	
Patient & client fees	577,081	390,782	498,296	-	-	-	-	
Out of province (reciprocal)	43,000	43,968	47,501	-	-	-	-	
Out of country	10,000	1,064	10,101	-	-	-	-	
Donations	-	-	-	3,480	-	3,480	2,097	
Ancillary	110,000	122,634	108,627	-	-	-	-	
Investment	40,000	44,660	43,369	5,632	15	5,647	3,461	
Recoveries	420,460	588,523	537,917	-	-	-	-	
Other	278,836	176,479	444,597	179,950	225	180,175	615	
<b>Total revenues</b>	<b>29,894,144</b>	<b>30,105,168</b>	<b>28,934,751</b>	<b>209,062</b>	<b>240</b>	<b>209,302</b>	<b>66,173</b>	
<b>EXPENSES</b>								
<b>Inpatient &amp; resident services</b>								
Nursing Administration	142,873	1,245	32,796	626,366	-	626,366	607,282	
Acute	3,212,489	3,676,632	3,773,654	525	-	525	12,751	
Supportive	841,368	892,513	802,160	-	-	-	-	
<b>Total inpatient &amp; resident services</b>	<b>4,196,730</b>	<b>4,520,693</b>	<b>4,608,610</b>	<b>626,891</b>	<b>-</b>	<b>626,891</b>	<b>620,033</b>	
<b>Physician compensation</b>	<b>914,067</b>	<b>943,737</b>	<b>788,992</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Diagnostic &amp; therapeutic services</b>	<b>1,979,507</b>	<b>1,955,370</b>	<b>1,767,526</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Community health services</b>								
Primary health care	3,148,966	3,189,426	3,344,268	-	-	-	-	
Home care	1,791,794	1,938,053	1,704,709	-	-	-	-	
Mental health & addictions	3,589,968	3,602,335	3,406,452	-	-	-	-	19,654
Population health	5,508,220	4,956,066	4,887,291	-	-	-	-	
Emergency response services	1,431,084	1,401,514	1,428,930	-	-	-	-	
Other community services	365,964	457,159	378,265	-	-	-	-	
<b>Total community health services</b>	<b>15,835,996</b>	<b>15,535,553</b>	<b>15,149,915</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19,654</b>	
<b>Support services</b>								
Program support	3,751,464	5,662,669	3,467,740	6,626	-	6,626	9,653	
Operational support	3,056,012	3,134,780	2,892,784	-	-	-	-	
Other support	-	36,979	22,040	-	-	-	-	
Employee future benefits	34,800	34,800	31,700	-	-	-	-	
<b>Total support services</b>	<b>6,842,276</b>	<b>6,869,228</b>	<b>6,414,264</b>	<b>6,626</b>	<b>-</b>	<b>6,626</b>	<b>9,653</b>	
<b>Ancillary</b>	<b>19,100</b>	<b>17,338</b>	<b>18,421</b>	<b>-</b>	<b>42</b>	<b>42</b>	<b>195</b>	
<b>Total expenses (Schedule 1)</b>	<b>29,787,676</b>	<b>29,941,719</b>	<b>28,747,728</b>	<b>633,517</b>	<b>42</b>	<b>633,559</b>	<b>649,535</b>	
<b>Excess (deficiency) of revenues over expenses</b>	<b>\$ 106,468</b>	<b>766,449</b>	<b>187,023</b>	<b>(424,455)</b>	<b>198</b>	<b>(424,257)</b>	<b>(583,362)</b>	

The accompanying notes and schedules are part of these financial statements.



## Statement 3

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF CHANGES IN FUND BALANCES**  
**For the Year Ended March 31, 2014**

2014	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2014
Fund balance, beginning of year, as previously reported	\$ (497,062)	\$ 9,730,377	\$ 21,654	\$ -	\$ 9,254,969
Prior period adjustment (Note 16)	1,098,434	-	-	-	1,098,434
Fund balance, beginning of year, as restated	601,372	9,730,377	21,654	-	10,353,403
Excess (deficiency) of revenues over expenses	266,449	(424,455)	198	-	(157,808)
Interfund transfers (Note 10)	(106,108)	106,108	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	\$ 761,713	\$ 9,412,030	\$ 21,852	\$ -	\$ 10,195,595

2013	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2013
Fund balance, beginning of year, as previously reported	\$ (530,756)	\$ 10,209,285	\$ 21,219	\$ -	\$ 9,699,748
Prior period adjustment (Note 16)	1,049,994	-	-	-	1,049,994
Fund balance, beginning of year, as restated	519,238	10,209,285	21,219	-	10,749,742
Excess (deficiency) of revenues over expenses	187,023	(583,797)	435	-	(396,339)
Interfund transfers (Note 10)	(104,889)	104,889	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	\$ 601,372	\$ 9,730,377	\$ 21,654	\$ -	\$ 10,353,403



## Statement 4

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF CASH FLOW**  
**For the Year Ended March 31, 2014**

	Operating Fund		Restricted Fund			
	2014	2013	Capital Fund	Community Trust Fund	Total 2014	Total 2013
	(Restated - see Note 16)					(Restated - see Note 16)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenues over expenses	\$ 266,449	\$ 187,023	\$ (424,455)	\$ 198	\$ (424,257)	\$ (583,362)
Net change in non-cash working capital (Note 7)	575,203	88,689	11,281	-	11,281	(61,824)
Amortization of capital assets	-	-	626,366	-	626,366	637,555
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	-	-	-	-
	<u>841,652</u>	<u>275,712</u>	<u>213,192</u>	<u>198</u>	<u>213,390</u>	<u>(7,631)</u>
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(39,044)	-	(39,044)	(171,159)
Equipment	-	-	(226,716)	-	(226,716)	(328,642)
Proceeds on disposal of capital assets:						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>(265,760)</u>	<u>-</u>	<u>(265,760)</u>	<u>(499,801)</u>
Financing activities:						
Repayment of debt	-	-	(100,276)	-	(100,276)	(96,458)
	<u>-</u>	<u>-</u>	<u>(100,276)</u>	<u>-</u>	<u>(100,276)</u>	<u>(96,458)</u>
Net increase (decrease) in cash during the year	841,652	275,712	(152,844)	198	(152,646)	(603,890)
Cash, beginning of year	3,264,083	3,093,260	429,359	21,654	451,013	950,014
Interfund transfers (Note 10)	(106,108)	(104,889)	106,108	-	106,108	104,889
Cash, end of year (Schedule 2)	<u>\$ 3,999,627</u>	<u>\$ 3,264,083</u>	<u>\$ 382,623</u>	<u>\$ 21,852</u>	<u>\$ 404,475</u>	<u>\$ 451,013</u>

The accompanying notes and schedules are part of these financial statements.





**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
For the Year Ended March 31, 2014**

**1. Legislative Authority**

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

**2. Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

**a) Health Care Organizations**

- i) The RHA has agreements with and grants funding to the following prescribed Health Care Organization (HCOs) and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.  
La Ronge Emergency Medical Services  
Nor-Man Regional Health Authority  
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.  
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

**b) Fund Accounting**

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenue. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

**i) Operating Fund**

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
For the Year Ended March 31, 2014**

**2. Significant Accounting Policies – (continued)**

b) Fund Accounting – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2 % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
For the Year Ended March 31, 2014**

**2. Significant Accounting Policies – (continued)**

**e) Inventory**

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

**f) Employee future benefits**

**i) Pension Plan:**

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

**ii) Accumulated sick leave benefit liability:**

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

**g) Measurement Uncertainty**

These financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

**h) Financial Instruments**

Cash, accounts receivable, accounts payable, accrued salaries, vacation payable and bank loan payable are classified in the amortized cost category.

As at March 31, 2014 (2013 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**3. Capital Assets**

	2014			2013
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 407,572	\$ -	\$ 407,572	\$ 407,572
Buildings	13,531,750	5,871,512	7,660,238	7,963,098
Equipment	4,739,120	3,691,003	1,048,117	1,105,863
	<u>\$ 18,678,442</u>	<u>\$ 9,562,515</u>	<u>\$ 9,115,927</u>	<u>\$ 9,476,533</u>

**4. Contractual Obligations**

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2015	96,515
2016	57,940
2017	27,607
2018	973
Thereafter	nil

b) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 9 b) provides supplementary information on Health Care Organizations.

c) Air Medevac Contract

The RHA has entered into a contract with Transwest Air for supply of Air Medevac services. The contract is in place for the period June 1, 2010 to March 31, 2015. The RHA has committed to pay a monthly retainer of \$26,500 plus GST for the provision of these services.

**5. Bank Loan Payable**

The RHA entered into a loan agreement with the Canadian Imperial Bank of Commerce to fund the installation of natural gas at the La Ronge Health Centre. The balance owing at March 31<sup>st</sup> 2014 was \$95,319 (2013 - \$195,595). The loan bears an interest rate of 3.89%. The terms of the loan require monthly principal and interest payments of \$8,843 and it matures in February 2015.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**6. Deferred Revenue**

	Balance March 31, 2013	Less Amount Recognized	Add Amount Received	Balance March 31, 2014
<b>Sask Health Initiatives</b>				
<b>Ministry of Health – General Revenue Fund</b>				
Autism	\$ 66,285	\$ 66,285	\$ -	\$ -
Autism Occupational Therapist	50,000	50,000	-	-
Mental Health Action Plan for Children	14,755	14,755	-	-
Injection Drug Use Strategy	16,268	16,268	-	-
Organizational Development	6,558	6,558	-	-
Bursaries	10,000	-	10,000	20,000
Enhanced Preventative Dental	211,747	77,997	-	133,750
Tobacco Reduction Strategy	93,982	93,982	-	-
<b>Total Ministry of Health</b>	<b>469,595</b>	<b>325,845</b>	<b>10,000</b>	<b>153,750</b>
<b>Non Sask Health Initiatives</b>				
Kids First Mental Health & Addiction Screening	52,110	171,022	136,149	17,237
Northern Regional Intersectoral Committee	159,022	156,937	235,303	237,388
SUN Recruitment and Retention	32,165	-	-	32,165
Victim Services	14,113	2,220	-	11,893
Northern Healthy Community Partnerships	-	1,262	15,000	13,738
TB Education - TB outreach	1,629	-	-	1,629
<b>Total Non-Ministry of Health</b>	<b>259,039</b>	<b>331,441</b>	<b>386,452</b>	<b>314,050</b>
<b>Total Deferred Revenue</b>	<b>\$ 728,634</b>	<b>\$ 657,286</b>	<b>\$ 396,452</b>	<b>\$ 467,800</b>





**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**6. Deferred Revenue (continued)**

	Balance March 31, 2012	Less Amount Recognized	Add Amount Received	Balance March 31, 2013
<b>Sask Health Initiatives</b>				
<b>Ministry of Health - General Revenue Fund</b>				
Autism	\$ 66,285	\$ -	\$ -	\$ 66,285
Autism Occupational Therapist	-	-	50,000	50,000
Mental Health Action Plan for Children	15,214	459	-	14,755
Health Workforce Retention Program	1,727	-	-	-
Injection Drug Use Strategy	16,309	41	-	16,268
Organizational Development	26,749	20,191	-	6,558
Tuberculosis Outbreak	44,332	44,332	-	-
Registered Nurse/Nurse Practitioner	38,892	38,892	-	-
Bursaries	-	-	10,000	10,000
Enhanced Preventative Dental	26,045	5,483	191,185	211,747
Ministry of Health	4,065	4,065	-	-
Tobacco Reduction Strategy	250,000	156,018	-	93,982
<b>Total Ministry of Health</b>	<b>489,618</b>	<b>269,481</b>	<b>251,185</b>	<b>469,595</b>
<b>Non Sask Health Initiatives</b>				
Kids First Mental Health & Addiction Screening	8,815	6,278	49,573	52,110
Chronic Disease Nurse	6,290	6,290	-	-
Northern Health Strategy	25,754	25,754	-	-
Northern Regional Intersectoral Committee	129,368	129,368	159,022	159,022
SRNA Quality Workplace Program Agreement	8,279	8,279	-	-
SUN Recruitment and Retention	42,530	10,365	-	32,165
Victim Services	141	-	13,972	14,113
Enhanced Preventative Dental	31,327	31,327	-	-
TB Education - TB outreach	-	-	1,629	1,629
<b>Total Non-Ministry of Health</b>	<b>252,504</b>	<b>217,661</b>	<b>224,196</b>	<b>259,039</b>
<b>Total Deferred Revenue</b>	<b>\$ 742,122</b>	<b>\$ 487,142</b>	<b>\$ 475,381</b>	<b>\$ 728,634</b>

**7. Net Change in Non-cash Working Capital**

	Operating Fund		Restricted Funds			
	2014	2013	Capital Fund	Community Trust Fund	Total 2014	Total 2013
(Increase) Decrease in accounts receivable	\$ 253,564	\$ 87,190	\$ (8,515)	\$ -	\$ (8,515)	\$ 63,775
(Increase) Decrease in inventory	(52,086)	27,989	-	-	-	-
(Increase) Decrease in prepaid expenses	23,308	(13,190)	-	-	-	-
Increase (Decrease) in accounts payable	308,227	(78,044)	19,796	-	19,796	(125,599)
Increase (Decrease) in accrued salaries	330,259	20,702	-	-	-	-
Increase (Decrease) in vacation payable	(62,035)	25,800	-	-	-	-
Increase (Decrease) in employee future benefit	34,800	31,700	-	-	-	-
Increase (Decrease) in deferred revenue	(260,834)	(13,488)	-	-	-	-
	<b>\$ 575,203</b>	<b>\$ 88,689</b>	<b>\$ 11,281</b>	<b>\$ -</b>	<b>\$ 11,281</b>	<b>\$ (61,824)</b>



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**8. Patient and Resident Trust Accounts**

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2014 was \$47,961 (2013 - \$33,389). These amounts are not reflected in the financial statements.

**9. Related Parties**

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

	2014	2013
<b>Revenues</b>		
Saskatchewan Government Insurance		
Other RHAs	\$ 42,601	\$ 43,199
Other	271,933	266,696
	291,828	295,406
	<u>\$ 606,362</u>	<u>\$ 605,301</u>



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**9. Related Parties – (continued)**

	2014	2013
<b>Expenses</b>		
Saskatchewan Association of Health Organizations Inc.	833,274	805,086
Ministry of Government Services	802,763	597,415
Worker's Compensation Board	272,243	241,934
North Sask Laundry and Support Services Ltd.	215,436	187,966
Saskatchewan Telecommunications	158,065	246,832
Public Employee Superannuation Plan	142,688	151,130
Saskatchewan Healthcare Employee's Pension Plan	2,139,425	2,065,165
Saskatchewan Power Corporation	147,107	138,175
SaskEnergy Incorporated	59,961	71,963
Other RHA's	369,206	33,667
Northlands College	236,483	323,145
Other	56,757	43,221
eHealth Saskatchewan	33,520	54,480
	<u>\$ 5,466,928</u>	<u>\$ 4,960,179</u>
<b>Accounts Receivable</b>		
Other RHA's	158,711	244,466
Other	1,397	63,551
	<u>\$ 160,108</u>	<u>\$ 308,017</u>
<b>Prepaid Expenditures</b>		
Workers' Compensation Board	54,346	63,387
	<u>\$ 54,346</u>	<u>\$ 63,387</u>
<b>Accounts Payable</b>		
Saskatchewan Property Management Corporation	181,638	69,703
Saskatchewan Association of Health Organizations Inc.	18,536	32,636
Saskatchewan Healthcare Employee's Pension Plan	-	155,092
Saskatchewan Power Corporation	20,921	-
Northlands College	236,483	-
North Sask Laundry and Support Services Ltd.	36,049	-
	<u>\$ 493,627</u>	<u>\$ 257,431</u>

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**9. Related Parties – (continued)**

b) Health Care Organizations

i) Prescribed Health Care Organization (HCOs) and Third Parties

The RHA has also entered into agreements written or verbal with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2014	2013
Creighton Alcohol and Drug Abuse Council Inc.	\$ 183,030	\$ 176,537
La Ronge Emergency Medical Services	839,249	893,249
Nor-Man Regional Health Authority	45,000	43,125
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.,	206,911	205,474
Pelican Narrows Ambulance Services 617500 Saskatchewan Ltd.	100,000	100,000
	<u>\$ 1,374,190</u>	<u>\$ 1,418,385</u>

**10. Interfund Transfers**

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2014			2013		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Other	<u>\$ (106,108)</u>	<u>\$ 106,108</u>	<u>\$ -</u>	<u>\$ (104,889)</u>	<u>\$ 104,889</u>	<u>\$ -</u>



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**11. Employee future benefits**

**a) Pension Plan**

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Healthcare Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2014			2013	
	SHEPP <sup>1</sup>	PSSP	PEPP	Total	Total
Number of active members	231	5	6	242	251
Member contribution rate, percentage of salary	8.1-10.7%*	3.00-5.00%*	3.00-5.00%*		
RHA contribution rate, percentage of salary	9.072-11.984%	3.00-5.00%*	3.00-5.00%*		
Member contributions (thousands of dollars)	1,008	37	30	1,075	1,665
RHA contributions (thousands of dollars)	1,129	41	30	1,200	1,821

\* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2014. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

**b) Accumulated sick leave benefit liability:**

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:





**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**11. Employee future benefits – (continued)**

**b) Accumulated sick leave benefit liability: – (continued)**

	2014	2013
Discount rate	2.85%	2.50%
Earnings increase	0.5% - 2%	
Mortality rates	CPM 2014 Public Table with 2D Projections using CPM Scale B	UP-1994 Mortality Table projected to 2020 using Scale AA
Termination rate	0.010 - 0.119	
Retirement rate	<p>Before member reaches Rule of 80 (age plus service equals at least 80):</p> <p>2% at age 55 for members who have between 10 and 22 years of service</p> <p>1% at age 60 for members who have between 6 and 9 years of service</p> <p>4% at age 60 for members who have between 10 and 17 years of service</p> <p>0% at all other ages and service where member does not meet Rule of 80</p> <p>After member reaches Rule of 80:</p> <p>8% for ages under 55</p> <p>35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points)</p> <p>25% at age 55 for members who have at least 27 years of service (at least 82 points)</p> <p>12% for ages between 56 and 59 where the member has between 80 and 81 points</p> <p>8% for ages between 56 and 59 where member has at least 82 points</p> <p>25% for ages between 60 and 61 where the member has between 80 and 81 points</p> <p>19% for ages between 60 and 61 where the member has at least 82 points</p> <p>19% for ages between 62 and 64</p> <p>Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%</p> <p>Retirement rates at any other combination of age and service not described above are 0%</p>	
	2014	2013
Accrued benefit obligation, Beginning of year	\$ 709,500	\$ 677,800
Cost for the year	156,300	152,000
Benefits paid during the year	(121,500)	(120,300)
Accrued Benefit Obligation, End of Year	\$ 744,300	\$ 709,500

**12. Budget**

The RHA Board approved the 2014 budget plan on May 22, 2013.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended March 31, 2014**

**13. Financial Instruments**

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from patients, health insurance companies or other regional health authorities. The RHA is also exposed to credit risk from cash.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2014	2013
Cash	\$ 4,404,102	\$ 3,715,096
Accounts receivable		
Ministry of Health - General Revenue Fund	-	14,724
Other	685,001	915,326
	<u>\$ 5,089,103</u>	<u>4,645,146</u>

The RHA manages its credit risk surrounding cash by dealing solely with reputable banks and financial institutions.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
For the Year Ended March 31, 2014**

**13. Financial Instruments— (continued)**

**d) Market risk – (continued)**

**(i) Foreign exchange risk:**

The RHA operates within Canada, and in the normal course of operations is not party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

**(ii) Interest rate risk:**

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's loan payable outstanding as at March 31, 2014 has a fixed interest rate. Therefore, does not have significant cash flow exposure. However, the fair value of a loan having a fixed rate could fluctuate because of changes in market interest rate.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

**e) Liquidity risk:**

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of \$4,404,102 (2013 - \$3,715,096).

**f) Fair value**

The carrying value of cash, accounts receivable, accounts payable, accrued salaries and vacation payable approximates their fair value due to their immediate or short term nature.



**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
For the Year Ended March 31, 2014**

**13. Financial Instruments— (continued)**

**g) Short-term Borrowing/Operating Line-of-credit**

Short-term borrowings are secured by hypothecation of revenues and bearing interest at an interest rate of prime which is due on demand. Total interest paid on the short-term borrowings in 2014 was \$1,558 (2013 - \$1,259).

The RHA has a line-of-credit limit of \$500,000 (2013- \$500,000) with an interest charged at prime which is re-negotiated annually. The line-of-credit is secured by assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2014 was nil (2013 - nil). This line-of-credit was approved by the Minister on June 19, 2002.

**14. Community Generated Funds**

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers \$21,852 (2013 - \$21,654) under these agreements.

**15. Pay for Performance**

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2014 have not been determined as information required to assess senior employee performance is not yet available.

**16. Prior Period Adjustment**

During the year the RHA determined that certain unrestricted contributions relating to the general fund were previously incorrectly recorded as deferred revenue. As a result the comparative figures have been restated resulting in an increase in the opening operating fund balance of \$1,049,994, an increase in Ministry of Health general revenue of \$48,440 and a decrease in deferred revenue of \$1,098,434.



## Schedule 1

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF EXPENSES BY OBJECT**  
**For the Year Ended March 31, 2014**

	<b>Budget 2014</b>	<b>Actual 2014</b>	<b>Actual 2013</b>
<b>Operating:</b>	<b>(unaudited)</b>		
Advertising & public relations	43,419	25,240	38,612
Board costs	138,000	82,933	122,269
Compensation - benefits	4,389,683	4,181,504	3,921,146
Compensation - salaries	16,631,299	16,679,907	16,311,033
Future employee benefits salary	34,800	34,800	31,700
Continuing education fees & materials	214,030	135,525	146,983
Contracted-out services - other	1,486,045	1,079,838	1,280,120
Diagnostic imaging supplies	500	1,150	1,354
Dietary supplies	2,500	2,642	2,174
Drugs	240,123	206,452	367,132
Food	205,200	198,493	193,495
Grants to ambulance services	1,038,249	1,073,374	1,036,374
Grants to health care organizations & affiliates	366,633	397,994	594,694
Housekeeping & laundry supplies	50,150	32,010	33,967
Information technology contracts	78,841	106,403	89,922
Insurance	42,000	44,001	44,285
Interest	5,500	6,827	6,043
Laboratory supplies	159,500	164,068	155,493
Medical & surgical supplies	353,220	330,248	359,997
Medical remuneration & benefits	939,159	958,595	807,284
Meetings	48,345	41,657	30,634
Office supplies & other office costs	371,878	385,762	371,432
Other	341,510	444,567	132,457
Professional fees	219,124	407,663	345,741
Purchased salaries	63,483	350,719	296,389
Rent/lease/purchase costs	652,475	595,036	632,928
Repairs & maintenance	244,932	458,403	214,645
Supplies - other	196,893	203,354	180,959
Therapeutic supplies	3,500	954	-
Travel	967,985	988,046	871,266
Utilities	258,700	223,554	227,200
<b>Total Operating Expenses</b>	<b>29,787,676</b>	<b>29,841,719</b>	<b>28,747,728</b>
<b>Restricted:</b>			
Amortization		626,366	637,557
Other		7,151	11,783
Ancillary		42	195
		<b>633,559</b>	<b>649,535</b>



**Schedule 2**

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY  
SCHEDULE OF INVESTMENTS  
As of March 31, 2014**

	2014	2013
<b><u>Restricted Investments</u></b>		
<b>Cash</b>		
Chequing and Savings:		
Flin Flon Royal Bank	4,474	4,473
Conexus Credit Union	1,241	1,250
Conexus Credit Union	16,137	15,931
La Ronge CIBC	382,623	429,359
	<u>\$ 404,475</u>	<u>\$ 451,013</u>
<b><u>Unrestricted Investments</u></b>		
<b>Cash</b>		
Chequing and Savings - CIBC Bank	\$ 3,998,602	\$ 3,263,058
Cash	1,025	1,025
<b>Total Cash</b>	<u>\$ 3,999,627</u>	<u>\$ 3,264,083</u>
<b><u>Restricted &amp; Unrestricted Totals</u></b>		
<b>Total cash</b>	<u>\$ 4,404,102</u>	<u>\$ 3,715,096</u>



## Schedule 3

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF EXTERNALLY RESTRICTED FUNDS**  
**For the Year Ended March 31, 2014**  
**COMMUNITY TRUST FUND EQUITY**

<u>Trust Name</u>	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Creighton Home Care	\$ 4,472	\$ 4	\$ -	\$ (3)	\$ -	\$ 4,473
La Ronge Home Care	14,263	236	-	-	-	14,499
PinelHouse Home Care	1,008	-	-	(29)	-	979
Sandy Bay Home Care	1,251	-	-	(10)	-	1,241
Weyakwin Home Care	660	-	-	-	-	660
<b>Total Community Trust Fund</b>	<b>\$ 21,654</b>	<b>\$ 240</b>	<b>\$ -</b>	<b>\$ (42)</b>	<b>\$ -</b>	<b>\$ 21,852</b>

## CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Equipments	\$ 148,666	\$ -	\$ 20,000	\$ -	\$ -	168,666
Ministry of Health - Capital Projects	(16,077)	-	179,950	(7,151)	(39,044)	117,678
<b>Total Capital Fund</b>	<b>\$ 132,589</b>	<b>\$ -</b>	<b>\$ 199,950</b>	<b>\$ (7,151)</b>	<b>\$ (39,044)</b>	<b>\$ 296,344</b>
<b>TOTAL EXTERNALLY RESTRICTED FUNDS</b>	<b>\$ 154,243</b>	<b>\$ 240</b>	<b>\$ 199,950</b>	<b>\$ (7,193)</b>	<b>\$ (39,044)</b>	<b>\$ 308,196</b>



## Schedule 4

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF INTERNALLY RESTRICTED FUNDS**  
**For the Year Ended March 31, 2014**

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Other Internally Restricted Funds	316,850	9,112	106,108	-	(326,992)	105,078
Total Internally Restricted	<u>\$ 316,850</u>	<u>\$ 9,112</u>	<u>\$ 106,108</u>	<u>\$ -</u>	<u>\$ (326,992)</u>	<u>\$ 105,078</u>



## Schedule 5 A

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**SCHEDULES OF:**  
**BOARD MEMBER REMUNERATION**  
for the year ended March 31, 2014

RHA Members	2014							2013
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Ron Woytowich	\$ 9,959	\$ 12,069	\$ 6,428	\$ 8,276	\$ -	\$ 1,310	\$ 38,042	\$ 39,534
Joe Hordyski	-	400	-	-	-	18	418	5,660
Ron Pratt	-	-	-	-	-	-	-	1,661
Louise Wiens	-	-	-	-	-	-	-	1,491
Josie Searson	-	-	-	-	-	-	-	214
Leon Charles	-	-	-	-	-	-	-	4,785
Allan Rivard	-	-	-	-	-	-	-	693
Lorraine Bear	-	4,651	4,419	7,368	-	381	16,819	17,706
Marlene Barzelle	-	6,625	3,123	5,539	-	435	15,722	8,781
Jean (Betsy) Kelly	-	2,000	500	991	-	80	3,571	6,908
Leslie Oystryk	-	2,399	2,704	4,313	-	229	9,645	12,429
Coralee Ylioja	-	2,614	400	524	-	115	3,653	4,627
<b>Total</b>	<b>\$ 9,959</b>	<b>\$ 30,758</b>	<b>\$ 17,574</b>	<b>\$ 27,011</b>	<b>\$ -</b>	<b>\$ 2,568</b>	<b>\$ 87,870</b>	<b>\$ 104,489</b>



## Schedule 5 B

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**  
**SCHEDULES OF:**  
**SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE**  
for the year ended March 31, 2014

	2014					2013
	Salaries <sup>1</sup>	Benefits and Allowances <sup>2</sup>	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances <sup>1,2</sup>
Senior Employees						
Andrew McLetchie, CEO	\$ 152,587	\$ 8,164	\$ 160,751	\$ -	\$ 160,751	\$ 139,284
Sulav Pant, CFO	103,961	8,795	112,756	-	112,756	57,427
David Watts, Executive Director	133,436	7,991	141,427	-	141,427	133,042
Teresa Watt, Executive Director - Operational Support	119,632	7,665	127,297	-	127,297	112,105
Cindy Greuel, Director - Kaizen Promotion Office	92,738	4,634	97,372	-	97,372	-
Donna Stockdale, Director - Population Health	118,092	14,116	132,208	-	132,208	131,912
Sharyn Swann, Executive Director - Community Health*	92,689	10,684	103,373	-	103,373	96,786
<b>Total</b>	<b>\$ 813,135</b>	<b>\$ 62,049</b>	<b>\$ 875,184</b>	<b>\$ -</b>	<b>\$ 875,184</b>	<b>\$ 670,556</b>

1. Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration. Senior employee were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance pay is reflected in the year paid. Refer to Note 15 for further details.

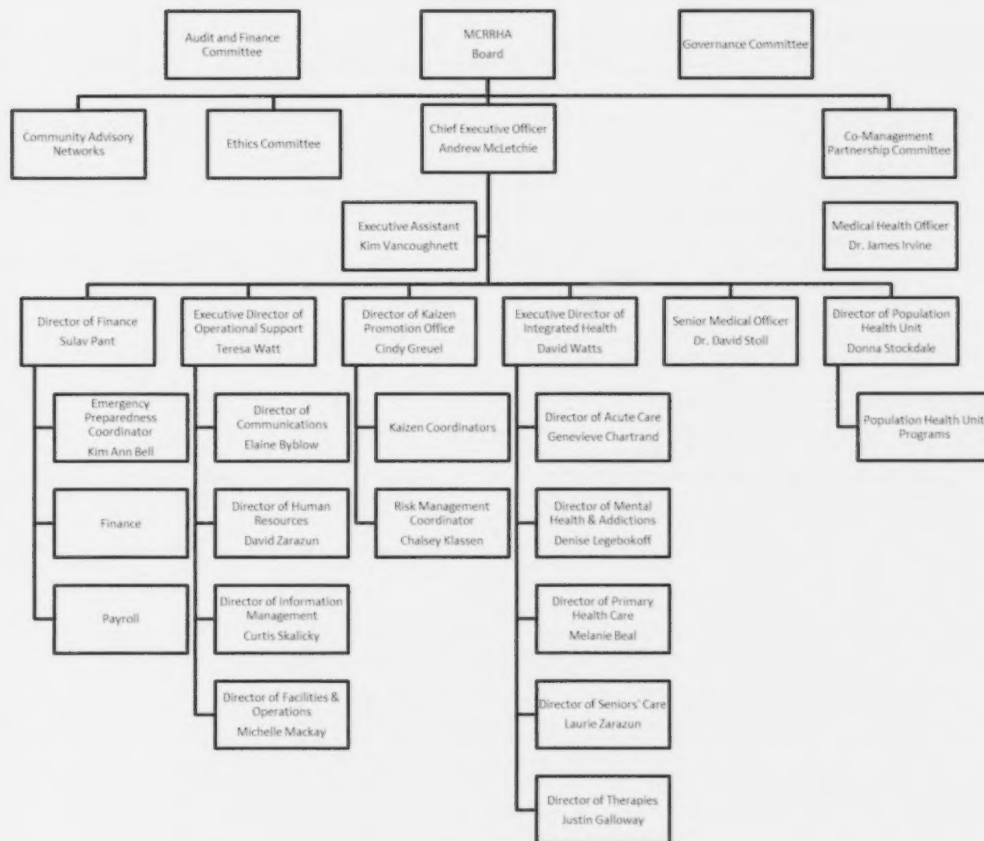
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional

\*Retired December 31, 2013



## Appendix A – Organizational Chart

The Mamawetan Churchill River Regional Health Authority is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of January 1, 2014.







## Appendix B - Payee List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

### MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

#### PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2014

#### Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

	TOTAL		TOTAL
Ahenakew, Wendy	\$ 85,021	Grimard, JoAnne	\$ 56,327
Reynold, Ali	60,972	Haberman, Cory	99,110
Anderson, Debbie	158,742	Halland, Rachel	76,855
Aubichon, Melanie	82,343	hallberg, dianne	87,145
Beal, Melanie	117,123	Hallikainen, Holly	53,808
Beaudin, Donovan	74,757	Hamilton-Trottier, Bonnie	59,960
Beckman, Bart	88,596	Harbicht, Melissa	79,748
Bell, Kim Ann	76,983	Haydukewich, Karien	108,286
Bratberg, Larene	102,443	Helary, Meaghan	68,662
Brock, Trent	80,689	Hiebert, Julia	72,445
Browett, Rochelle	88,382	Holmes, Alida	186,157
Brown, Todd	196,677	Horne, Sandra	59,994
Brown, Michelle	78,250	Howes, Nikki	57,268
Burman, L. Debora	62,412	Hunley, Diane	69,828
Byblow, Elaine	51,350	Irving, Margaret	53,761
Caisse, Donald	70,718	Jack Frazer, Penny	76,823
Carlson, Carol	50,032	Jacob, Anil	67,884
Catte, Luanne	73,087	Johnson, Jennifer	112,589
Charles, Maryanne	71,210	Johnston, Laura Lee	52,331
Chartrand, Genevieve	113,853	Keddie, Brian	209,422
Chauhan, Poonam	60,889	Ketzmerick, Christa	101,310
Chhetry, Sameer	66,514	Koch, Warren	103,353
DesRoches, Wendy	83,054	Kowalik, Matthew	80,132
Eldridge, Rhonda	57,266	Kuley, Laura	73,642
Friesen, Crystal	91,374	Lafond, Sherry	101,358
Galloway, Justin	111,444	Legebokoff, Denise	119,793
Galloway, Pat	104,469	Levi, Idan	82,083
George, Jisha	125,465	Lim, Jacquelin	95,442
Giles, W Barry	78,267	Mabee, Guy	58,396
Goulet, Mildred	85,454	Mackay, Michelle	123,152
Gray, Janet	86,698	MacLean, Megan	67,088
Greuel, Cindy	101,229	MacNeil, Savanna	60,950
Greuel, Bradley	52,028	Mahoney, Bonita	75,694
		Mark, Amy	86,555

**Personal Services Personal Services (continued)**

	TOTAL		TOTAL
Marple, Laurie	\$ 69,765	Ratt Misponas, Caroline	\$ 81,828
Mayotte, Judy	75,611	Ray, Joanne	73,927
McDonald, David	72,025	Romanow, Theresa	81,202
McDonald, Evelyn	71,430	Romanow, Mark	66,120
McKenzie, Marie	60,385	Ronning, Heather	242,763
McLaughlin, Kaetlyn	67,649	Russell, Carley	76,991
McLetchie, Andrew	163,576	Samoleski, Kenneth	66,213
McPhail, Wendy	71,598	Sampson, David	87,174
Merasty, Shandi	61,970	Sanderson, John	52,636
Mesfin, Rediate	178,471	Senft, Laurie	68,873
Millsted, Sussan	64,332	Senik, Janet	89,849
Moore, James	82,137	Skalicky, Curtis	117,153
Morin, Patricia	76,814	Skalicky, Patricia	72,408
Myslicki, Crystal	111,301	Slugoski, Deena	97,034
Natomagan, Jackie	101,853	Smith, Phyllis	72,131
Natomagan, Janice	68,666	Stockdale, Donna	131,766
Neethling, Yogandhri	79,787	Storozuk, Karen	80,962
Nefedow, Valerian	78,204	Swann, Sharyn	113,422
Nelson, Shirley	98,652	Taylor, James	98,663
Norgaard, Jennifer	76,741	Thomson, Lindsay	82,395
Norgaard, Larissa	57,231	Trites, Pamela	103,527
Nowoselsky, Dennis	74,729	Turner, David	94,332
O'Neill, Pippin	130,876	Van Meppelen, Alexander	61,152
O'Brien, Katie	78,594	Vancoughnett, S Kim	73,863
O'Brien, Myrtle	50,319	Vandergucht, Francine	102,566
Olsen, Joan	57,457	Vincent, Jay	79,500
Ormiston, Albert	61,697	Watt, Teresa	132,467
Pant, Sulav	112,692	Watt, Jody	116,973
Patience, Deborah	50,842	Watt, Dorla	104,061
Penney, Cindy	129,845	Watts, David	141,363
Pham, Jennifer	86,119	Whaley, Rebecca	107,370
Pollon, Betty	66,281	White, Nicole	118,559
Pontague, Carol	155,667	Wilson, Jody Lee	109,713
Prokopchuk, John	120,432	Wolkosky, Charmaine	59,125
Quinn, Brian	72,983	Yurach, G Sheldon	61,063
Radloff, Jennifer	67,846	Zarazun, Laurie	113,328



## Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

ADA ARCHITECTURE INC	\$ 54,654.83	OSPREY WINGS LTD.	\$ 69,013.06
DR. AXEL ROHRMANN	83603.65	PRINCE ALBERT ALARM SYSTEMS	51086.88
CANADA REVENUE AGENCY	127002.56	PARKLAND EMERGENCY MED. SVCS.	78299.31
COMPUSMART SASKATOON	81860.13	PETER BALLANTYNE CREE NATION	75000
MINISTER OF FINANCE	63841.19	PEBA/PUBLIC EMP. PENSION PLAN	137112.64
SASK. PROPERTY MANAGEMENT	272330.3	MEDI-CROSS PHARMASAVE	353045.15
DELOITTE & TOUCHE LLP	64268.6	RACHEL STEINKE	90603.98
S.A.H.O. DENTAL BENEFITS	162324.6	S.A.H.O.	144111.62
S.A.H.O. DIP BENEFITS	155964.42	SCHAAN HEALTHCARE PRODUCTS	148008.27
J.A.STEYN MED. PROF. CORPORATION	619064	SYSCO FOOD SERVICES OF REGINA	198988.23
DAVID STOLL	189566.71	SK. GOVT. EMPLOYEE'S UNION	72170.51
SAHO EXTENDED HEALTH CARE	326226.87	SGEU-LOCAL	105217.46
GRAND AND TOY	56624.64	SASKATCHEWAN HEALTHCARE	2139424.78
GREAT WEST LIFE	99421.01	SASKENERGY	59961.42
HOSPIRA HEALTHCARE CORP.	60223.12	SASK POWER	147248.77
HEALTH SCIENCES ASSOC. OF SK. TR	50648.62	SASK TEL	119756.4
KAMINISTIKOCHIWAK DEVEL. CORP.	149609.12	SOLUTION STAFFING INC.	83265.49
KYRHA	333719.86	MINISTRY OF GOVERNMENT SERVICES	404117.69
MACPHERSON LESLIE & TYERMAN	58842.73	SASKATCHEWAN UNION OF NURSES	59839.93
REVENUE CANADA	5712475.81	TRANSWEST AIR	526478.09
NORTHLANDS COLLEGE	236483	VISA CENTRE	71926.17
NORTH SASK LAUNDRY & SUPPORT SER	216944.84	SASK TEL	59417.7
ORTHO - CLINICAL DIAGNOSTICS	87098.44	SASK WORKER'S COMPENSATION BRD.	272242.67
		Total	\$ 14,729,135.27



## Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Regional Health Authority. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our regional health authority is engaged in.

### ***Children North - Early Childhood Intervention Program (ECIP)***

Children North - Early Childhood Intervention Program (ECIP) is one of 15 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent, child, and community;
- The Cognitive Disability Strategy (CDS) which operates out of the ECIP office; Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self-referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

### ***Community Advisory Networks (CAN)***

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-4812.

### ***Community Vitality Monitoring Partnership***

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves



the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Regional Health Authority is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. One of the recent initiatives was the release and dissemination of the study on the socio-economic impacts of uranium mining in northern Saskatchewan.

### ***Creighton Alcohol and Drug Abuse Council (CADAC)***

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Regional Health Authority, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community. CADAC may be reached by calling 306-688-8291.

### ***Creighton Interagency Committee***

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members' work together to address community needs.

### ***Creighton School Division***

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Regional Health Authority dental program is located at the school, and MCRRHA public health nurses provide immunizations and educational programs.

### ***Diabetes Education Network (DEN)***

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Regional Health Authority and Lac La Ronge Indian Band.

### ***First Responders***

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Southend, Deshambault, Pelican Narrows, Sikachu, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services and Peter Ballantyne Cree Nation which pays for the original training and equipment. The regional health authority, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

### ***Flin Flon Ambulance***

Through a funding agreement with the regional health authority, Flin Flon Ambulance staff provides ambulance services in the Creighton, Denare Beach, and Deschambault Lake areas.





### ***Hatchet Lake First Nation Health Services***

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

### ***Health Shared Services Saskatchewan (3sHealth)***

Established in 2012, 3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. The services will play a critical in improving health system quality and achieving cost savings that will support investments into direct patient care.

### ***Health Quality Council/PKPO***

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. HQC was created by the government in 2002 to partner with health regions for the common goal of health improvement. This led to the creation of the Quality Improvement Network (QIN), to connect quality improvement leaders and to support learning and spread of quality improvement best practices across the province.

On April 1, 2013, HQC assumed responsibility for the Provincial Kaizen Promotion Office (PKPO), at the request of the Ministry of Health. Over the next five years nearly 900 leaders and providers will get Lean training and begin applying this approach to continuous improvement. HQC has a key role to play in helping build and spread Lean skills and knowledge throughout Saskatchewan's health system.

### ***J.A. Steyn Professional Medical Corporation***

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

***Jeannie Bird Clinic*** - see Lac La Ronge Indian Band Health Services

### ***Kids First North***

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Regional Health Authority partners with the Kikinahk Friendship Centre in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.





Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay, and Pinehouse.

### ***Kikinahk Friendship Centre***

The Kikinahk Friendship Centre is located in La Ronge. Regional Health Authority staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health. Funding flows through the Mamawetan Churchill River Regional Health Authority from the province to the Kikinahk Friendship Centre for the administration of the Northern Human Services Partnership.

### ***La Ronge Emergency Medical Services (EMS)***

La Ronge EMS is a privately-owned company. Through a funding agreement with the Regional Health Authority, La Ronge EMS staff provides ambulance services in the La Ronge area.

### ***La Ronge Medical Clinic***

A nurse practitioner and diabetes nurse educator, employed by the Regional Health Authority, work in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located at 809 La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by Northern Medical Services, a division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

### ***La Ronge Ministerial Association***

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

### ***Lac La Ronge Indian Band Health Services***

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.



The Mamawetan Churchill River Regional Health Authority collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee, National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

#### ***Mamawetan Churchill River Long Term Care Committee***

The MCRLTC Committee is a community driven community that started meeting monthly in November of 2013. The mandate of this group is to secure funds to develop and furnish new long term care beds in the region.

#### ***New North - Saskatchewan Association of Northern Communities Services, Inc.***

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Regional Health Authority staff collaborates with the various councils in emergency planning and in training programs for municipal workers.

#### ***Northern Health Region - Manitoba***

The Northern Regional Health Authority (Northern Health Region) was created in May 2012 through the amalgamation of the former NOR-MAN and the Burntwood Regional Health Authorities. The Northern Health Region is geographically, the largest of the five RHAs in the province of Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces.

#### ***North Sask Laundry & Support Services LTD***

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following regional health authorities: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. By expanding daily hours from 8 to 9.5 hours per day, 6,092,336 pounds of laundry was cleaned, an increase of over 1/2 million pounds from the previous fiscal year. The process has begun for K-Bro Linen services to assume laundry services with an anticipated closure date for North Sask Laundry & Support Services LTD to be between June 2015 and December 2015. In 2013-14, MCRRHA Board Member Marlene Barzeale sat on the Board of North Sask Laundry, and the RHA is represented on committees by staff.

#### ***North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)***

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the regional health authority. NSN may be reached by phone at 306-425-4990 or email at: [nsn.laronge@sasktel.net](mailto:nsn.laronge@sasktel.net)



### ***Northern Antibiotic Resistance Partnership***

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four RHAs, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit represented the Mamawetan Churchill River Regional Health Authority on this team. Some of the initiatives that have continued since the completion of the formal research part of the project includes a renewal of a social marketing campaign for handwashing and cough etiquette.

### ***Northern Inter-Tribal Health Authority***

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band). This enables them to better meet the health needs of their communities. The Mamawetan Churchill River Regional Health Authority collaborates with NITHA in initiatives such as the Northern Antibiotic Resistance Partnership.

### ***Northern Health Authorities Co-management Partnership Committee***

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee. The goal of this committee is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for *The Public Health Act*, such as environmental health and communicable disease monitoring.

### ***Northern Healthy Communities Partnership***

The Northern Healthy Communities Partnership (NHCP) is a group of people who work together on areas of common interest to encourage and build healthy Northern communities. NHCP has representation from a variety of partners across the north including the three Northern Health Authorities, First Nations Health organizations, Education, Justice, Recreation, and Kids First North. Currently, NHCP initiatives are led by five Action Teams: the Active Communities Team; the Healthy Eating Team; Babies, Books and Bonding; the Building Vibrant Youth team; and the Northern Tobacco Strategy. The Population Health Unit provides coordination and administration for the partnership. For more information, visit [www.nhcp.ca](http://www.nhcp.ca).

### ***Northern Human Services Partnership***

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people." Membership is open to



anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of work would be the work done to develop and implement the Cognitive Disabilities Strategy in La Ronge and the planning and support to implement a Family Resource Centre in Sandy Bay. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders.

### **Northern Labour Market Committee**

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Regional Health Authority participates in the Northern Health Sector Training Sub-Committee.

*The NLM HSTS's mandate is two-fold:*

- *To determine and assess employment and training needs of the health sector in Northern Saskatchewan.*
- *To develop and oversee the implementation of a long term training strategy to train Northerners for a range of occupations in the Northern Health Sector.*

### **Northern Lights School Division #113**

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs.

### **Northern Medical Services**

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

### **Northern Mines Monitoring Secretariat (NMMS)**

The NMMS is a body of federal and provincial ministries, agencies and departments and the Ministry of Health represented by the Medical Health Officer for Mamawetan Churchill River Regional Health Authority to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

### **Northlands College**

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Regional Health Authority collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.





### ***Other Health Regions***

In alphabetical order, here is a list of other health regions in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

### ***Peter Ballantyne Cree Nation Health Services Inc.***

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

### ***Pinehouse Reclaiming Our Community Committee (ROC)***

The Mamawetan Churchill River Regional Health Authority is one of almost 25 groups that make up the Pinehouse ROC Committee. The committee works together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

### ***Pre-Natal Baby Friendly Committee (La Ronge)***

In La Ronge, the Mamawetan Churchill River Regional Health Authority works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, prenatal classes, and educational sessions for professionals.

### ***Sandy Bay Interagency Committee***

The Mamawetan Churchill River Regional Health Authority is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.



### ***Saskatchewan Cancer Agency***

The Saskatchewan Cancer Agency provides leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. The Regional Health Authority collaborates with the Saskatchewan Cancer Agency in delivering the services of the mobile screening unit for breast cancer and the colorectal screening program.

### ***Saskatchewan Ministry of Environment***

Mamawetan Churchill River Regional Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food, and joint training for municipal workers.

### ***Saskatchewan Ministry of Health***

The Regional Health Authority works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

### ***Saskatchewan Association of Health Organizations (SAHO)***

SAHO provides leadership in the development of labour and employee relations policies and is engaged in the negotiation and interpretation of collective bargaining agreements (CBAs) between health care employers and the unionized workforce. Researching and defining job classification systems, ensuring pay equity across the province, wage market supplements and providing consulting services to health employers are among the many responsibilities of SAHO.

### ***Stanley Mission Health Services***

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

### ***Town of La Ronge***

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Regional Health Authority homecare and social wellness programs.

### ***Volunteers***

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation, and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.